



# Champaign County Sheriff's Office

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Sheriff Dustin Heuerman

204 E. Main Street  
Urbana, Illinois 61801  
(217) 384-1204

## **ELECTRONIC HOME DETENTION (EHD)**

### **INTERVIEW PROCEDURES**

-If you work bring the following on company letterhead:

- The days you work (Mon, Tue, etc..)
- The hours per day you work (8 am -4 pm ECT).
- The total hours per week.
- The amount you are paid per hour.
- Include a contact person with return phone numbers, cell numbers.

-If school is involved the following is needed:

- If you attend college, you will need verified proof of enrollment from the institution, including proof that your financial obligations are in good standing.
- The days of the week you attend class and the hours of your classes.
- If you have children in grades K-8, you will need the same information from their school only if you plan to be allowed to pick them up or drop them off.

-Get from your lawyer:

- The case number you are going to be sentenced on.
- How many days you are going to do in custody.

-You must have a landline or cell phone in order to be considered for EHD.

-You must have all pages of this packet filled out completely before your interview. Every line that applies to you must be answered and filled out, no exceptions.

**READ CAREFULLY!**

**IT IS YOUR RESPONSIBILITY TO GET THE ABOVE INFORMATION TO US AT THE TIME OF YOUR EHD INTERVIEW.**

- Fill out attached forms legibly and completely. Be sure you understand everything you initial.
- Call the Champaign County Jail at: 217-819-3503 between 8:30 a.m. and 4:00 p.m., Monday through Friday, to get an appointment with Officer K. McCallister or Officer Foster. The appointment must be made **at least 2 weeks** before your court date.
- There is a \$12.00 fee per day for participating in the EHD program which must be paid as directed by the EHD Officer. You must pay the full amount of your EHD for 30 days or less. 30 days EHD equals \$360.00 you must have half of your payment if sentenced over 30 days the day you are put on the program. The payment can be in cash, money order, or credit card. This payment can be made by someone other than the EHD client. If paying by money order, the EHD client's printed full name must be in the memo section. The money order must be made payable to: Champaign County Sheriff's Office. The payment is to be dropped off in person during normal business hours 8:00 a.m. to 5:00 pm M-F at: 204 E Main Street Urbana IL 61801. You will receive a receipt for your payment. Make sure to keep this receipt for your records. The front office will not know your balance so make sure you keep track yourself. No change will be made at the counter, no coins will be accepted as payment. NO PAYMENTS CAN BE MADE ON A HOLIDAY. If you are not sure if it is a holiday for the county, then call.
- You will periodically be told to meet with a Correctional Officer at the Satellite Jail to monitor compliance. You may be ordered to give a urine sample to test for illegal drugs in your system at any time while on the program to include start, during, and end of your sentence on EHD.
- IMPORTANT: On the day you are told by the Judge to turn yourself in at the Satellite Jail, you must be on time. You may be here several hours, depending upon how busy it is.

**CHAMPAIGN COUNTY SHERIFF'S OFFICE**  
**ELECTRONIC HOME DETENTION, (EHD)**  
**RULES, REQUEST, RELEASE AND AGREEMENT**

**CAREFULLY READ EACH PARAGRAPH AND INITIAL EACH ONE**

Champaign County Sheriff's Office (hereinafter referred to as "CCSO") and Electronic Home Detention (hereinafter referred to as "EHD")-

I \_\_\_\_\_ do hereby request to  
(Print your full name above)  
participate in the CCSO EHD Program and I do hereby agree as follows:

1. That I shall remain within the interior premise of my residence and I will not be outside or in the yard except for the purposes of exterior maintenance of my listed residence. Maintenance can be described as mowing, trash removal and snow removal. CCSO may approve other absences from residence.

\_\_\_\_\_  
(Print street address and city above where you will reside)

\_\_\_\_\_  
(Initials)

2. I will allow any representative of the CCSO access to the above residence, or any approved address where I move, at any time. I consent to the search of my person and the residence to verify my compliance with the terms of this agreement and EHD. I understand that if I refuse entrance, I hereby irrevocably grant permission and understand that my residence becomes a penal institution, and CCSO representatives may use force without a warrant if needed to enter and arrest me. I also understand that I may be audio and video recorded by the deputies body camera during their search.

\_\_\_\_\_  
(Initials)

3. I will make all necessary arrangements with my employer(s) and/or educational institution and/or counseling or treatment center for any representative of the CCSO to visit such site to verify my compliance with the terms of this agreement and my EHD.

\_\_\_\_\_  
(Initials)

4. I will participate with the approved monitoring devices and I will maintain a working telephone at the residence and there may be a monitoring device in the residence and/or on my person.

\_\_\_\_\_  
(Initials)

5. I will not change addresses or schedules without prior approval, in writing, from an authorized representative of CCSO.

\_\_\_\_\_  
(Initials)

6. I realize the above residence, or any approved address where I move, is a penal institution while I am on EHD and a violation of the court order or the CCSO EHD rules or this agreement may subject me to prosecution for escape.

\_\_\_\_\_  
(Initials)

7. **I will not violate any laws or commit any crimes during my EHD time period.** If a new charge is filed by the States Attorney's Office, my EHD sentence will be revoked. If the new charge is not filed, then an investigation will take place by the EHD officer to determine what further action is needed. I will remain in custody until the investigation is completed.

\_\_\_\_\_  
(Initials)

8. **There will be no firearms in my residence during my EHD time period.**

\_\_\_\_\_  
(Initials)

9. There will be no alcoholic beverages or illegal drugs consumed by the client or in the residence during my EHD time period. Use of alcohol or any cannabis/THC containing product, or illegal drugs while on EHD, is prohibited. I will not consume any alcoholic beverages or illegal drugs of any kind during OR BEFORE the start of my EHD program. (If you are doing illegal drugs they should be stopped ASAP. DO NOT TAKE ANYTHING containing alcohol such as (mouthwash, Nyquil, etc.) The odor of an alcoholic beverage on your breath is a violation of EHD rules and you will be brought back to jail.

\_\_\_\_\_  
(Initials)

10. I will submit, at any time, to any breath, urine or blood tests as requested by any representative of the CCSO.

\_\_\_\_\_  
(Initials)

11. I will pay the sum of \$12.00 per day for \_\_\_\_\_ days = \$ \_\_\_\_\_,  
while sentenced to the CCSO EHD Program.  
  
\_\_\_\_\_  
(Initials)
12. During the period of home detention, I will maintain a phone at  
the residence. I agree not to have any other devices that might  
interfere with or defeat the monitoring system. I can have caller  
ID and call waiting.  
  
\_\_\_\_\_  
(Initials)
13. I understand that any violation of the EHD court order or this  
agreement in any way could result in my EHD sentence being  
revoked. I understand that I could do the remainder of my  
sentence in the CHAMPAIGN COUNTY JAIL.  
  
\_\_\_\_\_  
(Initials)
14. Any unapproved absence from the above residence, or any  
approved address where I move, is a violation of this agreement  
and also to my EHD being revoked. I understand that I could be  
prosecuted for escape.  
  
\_\_\_\_\_  
(Initials)
15. I understand and agree that work schedules and changes need to  
be FAXED in advance to the CCSO at 217-819-3533 for approval  
by the EHD officer.  
  
\_\_\_\_\_  
(Initials)
16. I understand and agree that if I don't show up at work, school,  
counseling or treatment, and don't return to the above residence  
when I am done at work, school, counseling or treatment, I am in  
violation of the EHD rules and I will serve the balance of my  
sentence at straight time.  
  
\_\_\_\_\_  
(Initials)
17. I will report to the CCSO as instructed by CCSO representative.  
  
\_\_\_\_\_  
(Initials)
18. If EHD is revoked, I will be returned to the Champaign County  
Correctional Center to complete the remainder of my sentence.  
  
\_\_\_\_\_  
(Initials)

19. While at the residence, I will answer the door even if I am sick or sleeping, so a representative of the CCSO may make contact with me. **Failure to answer and open the door when home is a violation of the rules.**

\_\_\_\_\_  
(Initials)

20. If at any time I am scheduled to be at the residence and I fail for any reason whatsoever to answer the door and/or admit a representative of the CCSO into the residence, I am in violation of this agreement and my EHD may be revoked. If I fail for any reason whatsoever to answer the phone when a representative of the CCSO attempts to reach me, I am in violation of this agreement and my EHD may be revoked.

\_\_\_\_\_  
(Initials)

21. I understand and agree that I do not have a right to EHD, it is being granted by the Sheriff and it may be revoked for any violation of this agreement. I further understand and agree that my being able to work or attend school is only as a part of EHD.

\_\_\_\_\_  
(Initials)

22. I understand and agree that this document is also the rules of the CCSO EHD.

\_\_\_\_\_  
(Initials)

23. I understand and agree that I only have one hour (60 minutes) to get to and from work, school and home.

\_\_\_\_\_  
(Initials)

24. I have a valid driver's license       Yes       No

\_\_\_\_\_  
(Initials)

If no, I will get to and from work/school using the following methods/rides or persons: \_\_\_\_\_

\_\_\_\_\_

***I HAVE CAREFULLY READ, UNDERSTAND AND AGREE TO THE ABOVE.***

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date

**ALL PEOPLE IN THE HOUSEHOLD  
MUST AGREE TO THESE TERMS**

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\*\*\*\*\*  
**CONSENT FOR ELECTRONIC HOME MONITORING**  
\*\*\*\*\*  
\*\*\*\*\*

PARTICIPANT: \_\_\_\_\_ CASE: \_\_\_\_\_

ADDRESS TO BE MONITORED: \_\_\_\_\_  
(Print street address and city above)

(Print names of adults below)

_____ Print name	_____ Print name	_____ Print name
_____ Signature	_____ Signature	_____ Signature

THE ABOVE INDIVIDUALS RESIDE WITHIN THE RESIDENCE LISTED ABOVE.

1. I CONSENT TO THE INSTALLATION AND USE OF SAID MONITORING DEVICES IN THE ABOVE LISTED RESIDENCE.
2. I CONSENT TO THE ENTRY AT ANY TIME INTO THE ABOVE-LISTED RESIDENCE, OR ANY ADDRESS WHERE I AM CURRENTLY RESIDING, OF ANY PERSON OR AGENT DESIGNATED BY THE CHAMPAIGN COUNTY SHERIFF'S OFFICE IN ORDER TO VERIFY THE COMPLIANCE OF THE PARTICIPANT WITH THE CONDITIONS OF HIS/HER DETENTION.
3. I AGREE THERE WILL BE NO FIREARMS, ALCOHOL OR ANY CANNABIS/THC CONTAINING PRODUCT, OR ILLEGAL DRUGS WHILE ON EHD OR ILLEGAL DRUGS IN THE PREMISES DURING THE PERIOD OF ELECTRONIC HOME DETENTION.

SIGNATURE \_\_\_\_\_  
Date of birth: \_\_\_\_\_

DATE \_\_\_\_\_  
SSN# \_\_\_\_\_

**YOU ARE RESPONSIBLE FOR EVERYONE COMPLYING WITH THE  
ABOVE WRITTEN RULES OF PHONE USE WHILE ON THE EHD  
PROGRAM**

**PRE-SENTENCED INTERVIEW FORM**

NAME: \_\_\_\_\_  
                    LAST                    MIDDLE                    FIRST

ADDRESS IN WHICH YOU WILL BE RESIDING WHILE A PARTICIPANT IN EHD

\_\_\_\_\_  
# OR APT #                    STREET                    CITY                    ZIP CODE

PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DL# \_\_\_\_\_ SSN \_\_\_\_\_

CHARGE YOU WILL BE INCARCERATED FOR \_\_\_\_\_

ATTORNEY'S NAME: \_\_\_\_\_ CASE #: \_\_\_\_\_

SENTENCE COURT DATE: \_\_\_\_\_ # DAYS SENTENCED \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

EMPLOYER'S PHONE#: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

POSITION HELD \_\_\_\_\_ OVERTIME INVOLVED? \_\_\_\_\_ HOW MUCH? (WK) \_\_\_\_\_

**ATTACH WORK SCHEDULE**



You must be able to answer "YES" to questions #1 through #4 to qualify.

**QUESTIONS:**

1. ARE YOU WILLING TO SUBMIT TO DRUG AND/OR ALCOHOL TESTING  
YES NO

2. WILL EVERYONE LIVING WITH YOU CONSENT TO ALLOWING  
THE ELECTRONIC MONITORING EQUIPMENT TO BE IN THE HOUSE AND  
DIRECTIONS ON HOW THE ELECTRONIC EQUIPMENT WORKS?  
YES NO

3. CAN CCSO PERSONNEL TALK TO YOUR EMPLOYER TO VERIFY YOUR  
EMPLOYMENT, GETTING YOUR WORK SCHEDULE, AND VERIFYING  
OVERTIME WORKED? YES NO

4. ARE YOU WILLING TO LET PROBATION OR SHERIFF'S OFFICE  
PERSONNEL ENTER YOUR RESIDENCE TO VERIFY YOUR COMPLIANCE  
WITH THE ELECTRONIC MONITORING EQUIPMENT (EHD)?  
YES NO

5. ARE YOU PRESENTLY ON ANY PRESCRIBED MEDICATIONS? YES NO  
IF YES, NAME MEDICATION(S) \_\_\_\_\_

6. ARE YOU CURRENTLY A DRUG AND/OR ALCOHOL ABUSER? YES NO

7. HAVE YOU EVER FAILED TO APPEAR IN COURT? YES NO

8. WHAT KINDS OF CONVICTIONS HAVE YOU HAD (CRIMINAL AND  
TRAFFIC) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date